

0108

**Clallam County**  
**Environmental Health**  
223 E. 4th St. Suite 14  
Port Angeles, WA 98362  
(360) 417-2334

**WATER BACTERIOLOGICAL ANALYSIS**  
SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR <u>12/18/06</u>	TIME COLLECTED <u>9:30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME <u>Clallam</u>						
TYPE OF SYSTEM <input type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">I</td><td style="padding: 2px;">A</td><td style="padding: 2px;">3</td><td style="padding: 2px;">8</td><td style="padding: 2px;">2</td><td style="padding: 2px;">6</td></tr></table> I.D. NO. CIRCLE GROUP <u>A</u> <u>B</u> <u>NTNC</u>		I	A	3	8	2	6
I	A	3	8	2	6			

NAME OF SYSTEM <u>7 Cedar Casino</u>	
SPECIFIC LOCATION WHERE SAMPLE COLLECTED <u>CA-06</u> <u>women's restroom</u>	TELEPHONE NO. DAY ( <u>6814659</u> ) EVENING ( <u>5829049</u> )
SAMPLE COLLECTED BY: (Name) <u>R Sother</u>	SYSTEM OWNER/MGR: (Name) <u>R Sother</u>

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE

☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION  
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)  
Vicki Cornell  
1033 Old Blyn Hwy  
Sequim WASHINGTON 98382

<b>TYPE OF SAMPLE</b> (check only one in this column)	
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER → check treatment	<input type="checkbox"/> Chlorinated (Residual: <u>    </u> Total <u>    </u> Free) <input checked="" type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other <u>    </u>
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # <u>    </u> Date <u>    </u>
<input type="checkbox"/> RAW SOURCE WATER <input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> OTHER (Specify) <u>    </u>	Source # <u>S</u> <u>    </u> <u>    </u> <input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform

REMARKS:  
\*BILL JAMESDOWN TRIBE

**(LAB USE ONLY) DRINKING WATER RESULTS**

<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	<input checked="" type="checkbox"/> SATISFACTORY Coliforms absent
<b>OTHER LABORATORY RESULTS</b>	
TOTAL COLIFORM <u>100</u> /100 ml	E. COLI <u>0</u> /100 ml
FECAL COLIFORM <u>100</u> /100 ml	PLATE COUNT <u>0</u> /ml
<b>ANOTHER SAMPLE REQUIRED</b>	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> <u>    </u>	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) <u>092-05194</u>	DATE, TIME RECEIVED <u>12/18/06 10:50</u>	<u>7200</u>
DATE REPORTED <u>12-19-06</u>	LABORATORY: <u>Bmt</u>	

WHITE - DP Center Copy    BLUE - Laboratory Copy    GREEN - Water Supplier Copy

Clallam County  
Environmental Health

223 E. 4th St. Suite 14  
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(360) 417-2334

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**WATER BACTERIOLOGICAL ANALYSIS**

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 12 / 4 / 06	TIME COLLECTED 10 : 06 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME CLALLAM
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. I H 3 8 2 6 CIRCLE GROUP A B	

NAME OF SYSTEM

7 CEDARS CASINO

SPECIFIC LOCATION WHERE SAMPLE COLLECTED

CA-05

TELEPHONE NO.

DAY ( ) 681-4659

EVENING ( ) 582-9049

SAMPLE COLLECTED BY: (Name)

BECKER

SYSTEM OWNER/MGR: (Name)

A NESSE

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE

☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION  
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)

VICKIE CARROLL

1033 OLD Bly Hwy

SEQUIM

WASHINGTON 98382

TYPE OF SAMPLE

(check only one in this column)

☒ ROUTINE

DRINKING WATER

check treatment

☐ Chlorinated (Residual: Total Free)

☒ Filtered

☐ Untreated or Other

☐ REPEAT SAMPLE

Previous coliform presence

Lab #

Date

☐ RAW SOURCE WATER

Source #

S

☐ NEW CONSTRUCTION or REPAIRS

☐ Total Coliform

☐ Fecal Coliform

☐ OTHER (Specify)

REMARKS:

BILL TO JAMESTOWN TRIBE

(LAB USE ONLY) DRINKING WATER RESULTS

☐ UNSATISFACTORY, coliforms present

☒ SATISFACTORY  
Coliforms absent

REPEAT  
SAMPLES  
REQUIRED

☐ E. Coli present

☐ E. Coli absent

REQUIRED

☐ Fecal present

☐ Fecal absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM /100 ml

E. COLI /100 ml

FECAL COLIFORM /100 ml

PLATE COUNT /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:

TEST UNSUITABLE BECAUSE:

☐ Sample too old

☐ Wrong container

☐ Incomplete form

☐

☐ Confluent growth

☐ Turbid culture

☐ Excess debris

U.S. EPA REGION 10

OFFICE OF WATER

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS)

092-05078

DATE, TIME RECEIVED

12-4-06 11:55 AM

DATE REPORTED

12-5-06

LABORATORY:

BMW

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GREEN - Water Supplier Copy



**Clallam County  
Environmental Health**

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**WATER BACTERIOLOGICAL ANALYSIS**  
SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR <b>12 / 4 / 06</b>	TIME COLLECTED <b>9 : 57</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME <b>CLALLAM</b>
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. <b>I H 3 8 2 6</b> CIRCLE GROUP <b>NTNC</b>	

NAME OF SYSTEM  
**7 CEDARS CASINO**

SPECIFIC LOCATION WHERE SAMPLE COLLECTED  
**CA-01**  
**RAW WATER**

TELEPHONE NO.  
DAY ( ) **681-4659**  
EVENING ( ) **582-9049**

SAMPLE COLLECTED BY: (Name)  
**BECKER**

SYSTEM OWNER/MGR: (Name)  
**A NESSE**

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE  
☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION  
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)  
**VICKIE CARROLL**  
**1033 OLD BLYN HWY**  
**SEQUIM WASHINGTON 98382**

TYPE OF SAMPLE (check only one in this column)	
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: <u>    </u> Total <u>    </u> Free) <input type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other <u>                    </u>
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # <u>                    </u> Date <u>                    </u>
<input checked="" type="checkbox"/> RAW SOURCE WATER	Source # <b>S 01</b> <input type="checkbox"/> Total Coliform
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input checked="" type="checkbox"/> Fecal Coliform
<input type="checkbox"/> OTHER (Specify) <u>                    </u>	

REMARKS:  
**BILL TO JAMESTOWN TRIBE**

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	<input type="checkbox"/> SATISFACTORY Coliforms absent

OTHER LABORATORY RESULTS	
TOTAL COLIFORM <u>    </u> /100 ml FECAL COLIFORM <b>&lt;1</b> /100 ml	E. COLI <u>    </u> /100 ml PLATE COUNT <u>    </u> /ml

ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> <u>                    </u>	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) <b>092-05077</b>	DATE, TIME RECEIVED <b>12-4-06 11:55 AM</b> <b>WMS</b>
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DATE REPORTED <b>12-5-06</b>	LABORATORY: <b>pmp method 9222D</b>
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Clallam County  
Environmental Health

223 E. 4th St. Suite 14  
Port Angeles, WA 98362  
(360) 417-2334

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**WATER BACTERIOLOGICAL ANALYSIS**

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 11/29/06	TIME COLLECTED 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Clallam
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. 143826 CIRCLE GROUP A B	

NAME OF SYSTEM

Seven Cedars Casino

SPECIFIC LOCATION WHERE SAMPLE COLLECTED

Kitchen main

TELEPHONE NO.

DAY 360 681-6734

EVENING ( )

SAMPLE COLLECTED BY: (Name)

Ron Sather

SYSTEM OWNER/MGR: (Name)

Ron Sather / JKT

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE

☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION  
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)

Ron Sather

270756 Hwy 101

Sequim

WASHINGTON

98362

**TYPE OF SAMPLE**

(check only one in this column)

☒ ROUTINE DRINKING WATER check treatment  
☐ Chlorinated (Residual: Total Free)  
☐ Filtered  
☐ Untreated or Other

☐ REPEAT SAMPLE Previous coliform presence  
Lab #  
Date

☐ RAW SOURCE WATER Source # S ☐ Total Coliform  
☐ NEW CONSTRUCTION or REPAIRS ☐ Fecal Coliform  
☐ OTHER (Specify)

REMARKS:

**(LAB USE ONLY) DRINKING WATER RESULTS**

<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	<input checked="" type="checkbox"/> SATISFACTORY Coliforms absent
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**OTHER LABORATORY RESULTS**

TOTAL COLIFORM /100 ml E. COLI /100 ml  
FECAL COLIFORM /100 ml PLATE COUNT /ml

**RECEIVED**

SAMPLE NOT TESTED BECAUSE: TEST UNSUITABLE BECAUSE:

☐ Sample too old  
☐ Wrong container  
☐ Incomplete form  
☐ Confluent growth  
☐ TNTC  
☐ Turbid culture  
☐ Excess debris

DEC - 5 2006

U.S. EPA REGION 10  
OFFICE OF WATER

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 092-05056	DATE, TIME RECEIVED 11-29-06, 2:20pm WMS
DATE REPORTED 11/30/06 LM	LABORATORY:

WHITE - DP Center Copy BLUE - Laboratory Copy GREEN - Water Supplier Copy



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# COLIFORM BACTERIA ANALYSIS

Date Sample Collected <b>11 21 06</b> Month Day Year	Time Sample Collected <b>8:30</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <b>Clallam</b>
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other <b>NTNC</b>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <b>1 H 3 8 2 6</b>		
System Name: <b>7 Cedars Casino</b>		
Contact Person: <b>Ron Sather</b>		
Day Phone: (360) <b>681 4659</b>		Cell Phone: ( )
Eve. Phone: ( ) <b>582 9049</b>		FAX: ( )
Send results to: (Print full name, address and zip code) <b>Vickie Carroll</b> <b>1033 Old Blyn Hwy</b> <b>Sequim WA 98388</b>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>R Sather</b>		
Specific location where sample collected (address or sample site, and type of faucet): <b>CA-03 main kitchen service sink</b>		
Special instructions or comments: <b>notified/mess</b>		
Type of Sample (must check only one box of #1 through #4 listed below)		
<input checked="" type="checkbox"/> <b>1. Routine Distribution Sample</b> Provide information below. Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____  <input type="checkbox"/> <b>3. Raw Water Source Sample</b> Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 40px;">S</div>	<input type="checkbox"/> <b>2. Repeat Sample (follow-up to an unsatisfactory sample)</b> Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
Public Systems must provide Source Number from (WFI)		
<input type="checkbox"/> <b>4. Sample Collected for Information Only</b> Construction _____ Repairs _____ Private Residence _____ Other _____		
<b>LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY</b>		
<input checked="" type="checkbox"/> <b>Unsatisfactory</b> Total Coliform Present and <input type="checkbox"/> E.coli present <input checked="" type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent <input type="checkbox"/> <b>Replacement Sample Required</b> Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		<input type="checkbox"/> <b>Satisfactory</b>  Test unsuitable because: <input type="checkbox"/> UNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____
<div style="border: 2px solid red; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  <b>DEC - 5 2006</b>  <b>U.S. EPA REGION 10</b>  <b>OFFICE OF WATER</b> </div>		
Bacterial Density Results: Plate Count _____ /100ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: <b>MICR- 2730 1140 1340 2520</b>		Date and Time Received: <b>11/21/06 200</b>
Date Analyzed: <b>11/21/06</b>		Date Reported: <b>11/22/06</b>
<b>010 70709</b> Sample Number (DOH number plus five digits)		Lab Use Only: <b>72199-01</b>

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Environmental Health

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**WATER BACTERIOLOGICAL ANALYSIS**

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 11/8/06	TIME COLLECTED 11:14 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Clallam
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TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. 143826	CIRCLE GROUP A B NTNC
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NAME OF SYSTEM 7 Cedars Casino
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SPECIFIC LOCATION WHERE SAMPLE COLLECTED CA-06 women's restroom	TELEPHONE NO. DAY ( ) 6814659 EVENING ( ) 5829049
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SAMPLE COLLECTED BY: (Name) Carroll Becker	SYSTEM OWNER/MGR: (Name) A Nesh
---	------------------------------------

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE  
☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION  
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)  
VICKIE CARROLL  
1033 OLD BLYN HWY  
SEQUIM WASHINGTON 98282

TYPE OF SAMPLE (check only one in this column)	
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: ___ Total ___ Free) <input checked="" type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other _____
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # _____ Date _____
<input type="checkbox"/> RAW SOURCE WATER	Source # S <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Total Coliform
<input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> Fecal Coliform

REMARKS:

BILL JAM ESTUM TAKE

(LAB USE ONLY) DRINKING WATER RESULTS

<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED	<input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	<input checked="" type="checkbox"/> SATISFACTORY Coliforms absent
---	--	--

OTHER LABORATORY RESULTS

TOTAL COLIFORM \_\_\_\_\_/100 ml E. COLI \_\_\_\_\_/100 ml  
FECAL COLIFORM \_\_\_\_\_/100 ml PLATE COUNT \_\_\_\_\_/ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris
---	---

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 092-04910	DATE, TIME RECEIVED 11-8-06 12:40 pm	LABORATORY: Burr
DATE REPORTED 11-9-06		

WHITE - DP Center Copy BLUE - Laboratory Copy GREEN - Water Supplier Copy



Clallam County  
Environmental Health

223 E. 4th St. Suite 14  
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WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 11 / 8 / 06	TIME COLLECTED 11 : 09 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Clallam
---	---	------------------------

TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. 1 H 3 8 2 6	CIRCLE GROUP A B NTNC
--	---	-----------------------------

NAME OF SYSTEM 7 Cedars Casino
-----------------------------------

SPECIFIC LOCATION WHERE SAMPLE COLLECTED CA 01 raw water	TELEPHONE NO. DAY ( ) 6814659 EVENING ( ) 5829049
---	---

SAMPLE COLLECTED BY: (Name) Carruth/Becker	SYSTEM OWNER/MGR: (Name) A Ness
---	------------------------------------

SOURCE TYPE <input type="checkbox"/> GROUND WATER UNDER SURFACE INFLUENCE <input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or <input type="checkbox"/> COMBINATION WELL FIELD INTERTIE or OTHER
---

SEND REPORT TO: (Print full Name, Address and Zip) VICKIE CARRO 1033 OLD BLYN HWY SEQUIM WASHINGTON 98382
--

TYPE OF SAMPLE (check only one in this column)	
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: Total Free) <input type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # Date
<input checked="" type="checkbox"/> RAW SOURCE WATER <input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> OTHER (Specify)	Source # S O I <input type="checkbox"/> Total Coliform <input checked="" type="checkbox"/> Fecal Coliform

REMARKS: method 9222d * Bill Jamour TRIST
---

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	<input type="checkbox"/> SATISFACTORY Coliforms absent

OTHER LABORATORY RESULTS	
TOTAL COLIFORM _____ /100 ml FECAL COLIFORM <1 /100 ml	E. COLI _____ /100 ml PLATE COUNT _____ /ml

ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/>	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input checked="" type="checkbox"/> NTNC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS		
LAB NO. (7 DIGITS) 092-04909	DATE, TIME RECEIVED 11-8-06 12:40pm	
DATE REPORTED 11-9-06	LABORATORY: Bun	

Clallam County  
Environmental Health

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**WATER BACTERIOLOGICAL ANALYSIS**  
SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 10/19/06		TIME COLLECTED 8:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		COUNTY NAME Clallam
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)		IF PUBLIC SYSTEM, COMPLETE: I.D. NO. IH3826		
CIRCLE GROUP A B NCNT				

NAME OF SYSTEM 7 Cedar Cove	
SPECIFIC LOCATION WHERE SAMPLE COLLECTED CA-06 women's room sink	
TELEPHONE NO. DAY ( ) 6814659 EVENING ( ) 5829049	
SAMPLE COLLECTED BY: (Name) S Johnson	
SYSTEM OWNER/MGR: (Name) A Ness	

SOURCE TYPE <input type="checkbox"/> GROUND WATER UNDER SURFACE INFLUENCE	
<input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or <input type="checkbox"/> COMBINATION WELL FIELD INTERTIE or OTHER	
SEND REPORT TO: (Print full Name, Address and Zip) VICTIE CARROLL 1033 Old Blyn Hwy SEPAIM WASHINGTON 98382	

TYPE OF SAMPLE (check only one in this column)	
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: ___ Total ___ Free) <input checked="" type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other _____
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # _____ Date _____
<input type="checkbox"/> RAW SOURCE WATER	Source # S <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Total Coliform
<input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> Fecal Coliform

REMARKS:  
\* BILL JAMESTOWN TRIBE

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	<input checked="" type="checkbox"/> SATISFACTORY Coliforms absent
OTHER LABORATORY RESULTS	
TOTAL COLIFORM _____/100 ml	E. COLI _____/100 ml
FECAL COLIFORM _____/100 ml	PLATE COUNT _____/ml
ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS	
LAB NO. (7 DIGITS) 092-04691	DATE, TIME RECEIVED 10-19-06 9:40 AM Wms
DATE REPORTED 10/20/06	LABORATORY: BAM

WHITE - DP Center Copy

BLUE - Laboratory Copy

GREEN - Water Supplier Copy



0108

## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>10/6/06</u> Month Day Year	Time Sample Collected <u>10:10</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Clallam</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other <u>NTNC</u>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>1 H 3 8 2 6</u> System Name: <u>7 Clellan Casino</u> Contact Person: <u>Vickie Carroll</u>		
Day Phone: (360) <u>6814659</u>		Cell Phone: ( ) _____
Eve. Phone: ( ) <u>5829049</u>		FAX: ( ) _____
Send results to: (Print full name, address and zip code) <u>Vickie Carroll</u> <u>1033 Old Blyn Hwy</u> <u>Sequim WA 98382</u>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <u>V Carroll</u>		
Specific location where sample collected (address or sample site, and type of faucet): <u>CA-01</u> <u>raw water tap</u>		
Special instructions or comments: <u>*BILL JAMES TOWN TRIBE</u>		
<b>Type of Sample (must check only one box of #1 through #4 listed below)</b>		
1. <input type="checkbox"/> <b>Routine Distribution Sample</b> Provide information below. Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> <b>Repeat Sample (follow-up to an unsatisfactory sample)</b> Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input checked="" type="checkbox"/> <b>Raw Water Source Sample</b> Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <u>s</u> <u>0</u> <u>1</u> </div> <small>Public Systems must provide Source Number from (WFI)</small>		
4. <input type="checkbox"/> <b>Sample Collected for Information Only</b> Construction _____ Repairs _____ Private Residence _____ Other _____		
<b>LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY</b>		
<input type="checkbox"/> <b>Unsatisfactory</b> Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____		
<div style="border: 2px solid red; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>OCT 16 2006</b>  <b>U.S. EPA REGION 10 OFFICE OF WATER</b> </div>		
Bacterial Density Results: Plate Count _____ ml. E.coli _____ /100ml. Total Coliform _____ /100ml.      Fecal Coliform <u>21</u> /100ml.		
Method Code: MICR- <u>2 7 3 0 1140</u>	Date and Time Received: <u>10/6/06 1:15pm</u>	
Date Analyzed: <u>10/6/06</u>	Date Reported: <u>10/7/06</u>	
<u>010 67431</u> <small>Sample Number (DOH number plus five digits)</small>	Lab Use Only: <u>71059-01</u>	

0108

## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.2em; font-weight: bold;">10 6 06</div> Month Day Year	Time Sample Collected <div style="font-size: 1.2em; font-weight: bold;">10 06</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.2em; font-weight: bold;">Clallam</div>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other <div style="font-size: 1.2em; font-weight: bold;">NTNC</div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <div style="font-size: 1.2em; font-weight: bold;">1 H 3 8 2 6</div>		
System Name: <div style="font-size: 1.2em; font-weight: bold;">7 Cedarap Casino</div>		
Contact Person: <div style="font-size: 1.2em; font-weight: bold;">Vicki Carroll</div>		
Day Phone: <div style="font-size: 1.2em; font-weight: bold;">(360) 6814659</div>		Cell Phone: (      )
Eve. Phone: (      ) <div style="font-size: 1.2em; font-weight: bold;">5829049</div>		FAX: (      )
Send results to: (Print full name, address and zip code) <div style="font-size: 1.2em; font-weight: bold;">Vicki Carroll</div> <div style="font-size: 1.2em; font-weight: bold;">1033 Old Blyn Hwy</div> <div style="font-size: 1.2em; font-weight: bold;">Sequim WA 98382</div>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <div style="font-size: 1.2em; font-weight: bold;">V Carroll</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.2em; font-weight: bold;">CA-03 main kitchen sink</div>		
Special instructions or comments: <div style="font-size: 1.2em; font-weight: bold;">* BILL JAMESTOWN TRIBE</div>		
<b>Type of Sample (must check only one box of #1 through #4 listed below)</b>		
<input checked="" type="checkbox"/> <b>1. Routine Distribution Sample</b> Provide information below. Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	<input type="checkbox"/> <b>2. Repeat Sample (follow-up to an unsatisfactory sample)</b> Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlone Residual: Total _____ Free _____	
<input type="checkbox"/> <b>3. Raw Water Source Sample</b> Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">S</div>		
Public Systems must provide Source Number from (WFI)		
<input type="checkbox"/> <b>4. Sample Collected for Information Only</b> Construction _____ Repairs _____ Private Residence _____ Other _____		
<b>LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY</b>		
<input type="checkbox"/> <b>Unsatisfactory</b> Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b>		
Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		Test unsuitable because: <input checked="" type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____
<div style="border: 2px solid red; padding: 5px; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <div style="font-weight: bold; font-size: 1.2em;">OCT 16 2006</div> <div style="font-size: 0.8em; color: red;">U.S. EPA REGION 10 OFFICE OF WATER</div>		
Bacterial Density Results, Plate Count <div style="font-size: 1.2em; font-weight: bold;">U.S. EPA REGION 10 OFFICE OF WATER</div> /ml. E.coli _____ /100ml. Total Coliform _____ /100ml.      Fecal Coliform _____ /100ml.		
Method Code: <b>MICR- 2 7 3 0</b>		Date and Time Received: <div style="font-size: 1.2em; font-weight: bold;">10/6/06 1:15pm</div>
Date Analyzed: <div style="font-size: 1.2em; font-weight: bold;">10/7/06</div>		Date Reported: <div style="font-size: 1.2em; font-weight: bold;">10/7/06</div>
<b>010</b> <div style="font-size: 1.2em; font-weight: bold;">67432</div>		Lab Use Only: <div style="font-size: 1.2em; font-weight: bold;">71059-02</div>
Sample Number (DOH number plus five digits)		



*Sup  
01/08*

## COLIFORM BACTERIA ANALYSIS

Date Sample Collected  <i>9/15/06</i> Month Day Year	Time Sample Collected  <i>10:49</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County  <i>Walla</i>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input checked="" type="checkbox"/> Other <i>NTNC</i>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <i>5 H 3 8 2 6</i> System Name: <i>7 Cedars Casn</i> Contact Person: <i>Vickie Carroll</i>		
Day Phone: ( <i>360</i> ) <i>6814659</i>		Cell Phone: (    )
Eve. Phone: (    )		FAX: ( <i>360</i> ) <i>6813405</i>
Send results to: (Print full name, address and zip code) <i>VICKIE CARROLL</i> <i>1033 OLD BLYN HWY</i> <i>SEQUIM WA 98382</i>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <i>Vickie Carroll</i>		
Specific location where sample collected (address or sample site, and type of faucet): <i>CADDO bathroom sink</i>		
Special instructions or comments: <i>*BILL JAMESTOWN TRIBE</i>		
<b>Type of Sample (must check only one box of #1 through #4 listed below)</b>		
<b>1. <input type="checkbox"/> Routine Distribution Sample</b> Provide information below. Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	<b>2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample)</b> Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlone Residual: Total _____ Free _____	
<b>3. <input type="checkbox"/> Raw Water Source Sample</b> Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;"> <i>S</i> </div> <small>Public Systems must provide Source Number from (WFI)</small>		
<b>4. <input type="checkbox"/> Sample Collected for Information Only</b> Construction _____ Repairs _____ Private Residence _____ Other _____		
<b>LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY</b>		
<input type="checkbox"/> <b>Unsatisfactory</b> Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		<input type="checkbox"/> <b>Test unsuitable because:</b> <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml.      Fecal Coliform _____ /100ml.		
Method Code: <b>MICR- <i>2 7 3 0</i></b>		Date and Time Received: <i>9/15/06 100</i>
Date Analyzed: <i>9/15/06</i>		Date Reported: <i>9/16/06</i>
<b>010</b> <i>65754</i> <small>Sample Number (DOH number plus five digits)</small>		Lab Use Only: <i>70491-01</i>



*dup*

## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <b>09/12/06</b> Month Day Year	Time Sample Collected <b>12:45</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <b>KITSAP</b>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <b>1 H O 1 9 L</b>		
System Name: <b>CLEARWATER CASINO</b>		
Contact Person: <b>HARVEY ADAMS</b>		
Day Phone: ( <b>360</b> ) <b>598-8721</b>	Cell Phone: (    )	
Eve. Phone: (    )	FAX: (    )	
Send results to: (Print full name, address and zip code) <b>HARVEY ADAMS</b> <b>15347 SUQUAMISH WY</b> <b>SUQUAMISH, WA 98392</b>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>SCOTT BORKENWAGEN</b>		
Specific location where sample collected (address or sample site, and type of faucet): <b>UPSTAIRS JANITORS CLOSET CC-07</b>		
Special instructions or comments:		
<b>Type of Sample (must check only one box of #1 through #4 listed below)</b>		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Provide information below. Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	<b>2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample)</b> Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ / _____ / _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
<b>3. <input type="checkbox"/> Raw Water Source Sample</b> Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;">S</div>		
Public Systems must provide Source Number from (WFI)		
<b>4. <input type="checkbox"/> Sample Collected for Information Only</b> Construction _____ Repairs _____ Private Residence _____ Other _____		
<b>LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY</b>		
<input type="checkbox"/> <b>Unsatisfactory</b> Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input checked="" type="checkbox"/> <b>Satisfactory</b>	
<div style="border: 2px solid red; padding: 10px; display: inline-block;"> <b>RECEIVED</b>          Test unsuitable because:  <input checked="" type="checkbox"/> <b>TOO OLD</b> 17 2006  <input type="checkbox"/> Turbid culture  <input type="checkbox"/> _____       </div>		
<input type="checkbox"/> <b>Replacement Sample Required</b> Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml.      Fecal Coliform _____ /100ml.		
Method Code: <b>MICR- 2 7 3 0</b>		Date and Time Received: <b>9/12/06 1:30</b>
Date Analyzed: <b>9/12/06</b>		Date Reported: <b>9/13/06</b>
<b>010</b> <b>652951</b> Sample Number (DOH number plus five digits)		Lab Use Only: <b>70344-02</b>



## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>9/15/06</u> Month Day Year	Time Sample Collected <u>10:49</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Clallam</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input checked="" type="checkbox"/> Other <u>NTNC</u>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>I H 3 8 2 6</u> System Name: <u>7 Cedars Casino</u> Contact Person: <u>Vickie Carroll</u> Day Phone: <u>(360) 6814659</u> Cell Phone: (      ) Eve. Phone: (      )      FAX: <u>(360) 6813405</u>		
Send results to: (Print full name, address and zip code) <u>VICKIE CARROLL</u> <u>1033 OLD BLYN HWY</u> <u>SEQUIM, WA 98382</u>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <u>Vickie Carroll</u>		
Specific location where sample collected (address or sample site, and type of faucet): <u>CA-06 bathroom sink</u>		
Special instructions or comments: <u>* BILL JAMESTOWN TRIBE</u>		
<b>Type of Sample (must check only one box of #1 through #4 listed below)</b>		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Provide information below. Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	<b>2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample)</b> Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
<b>3. <input type="checkbox"/> Raw Water Source Sample</b> Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;">S</div>		
Public Systems must provide Source Number from (WFI)		
<b>4. <input type="checkbox"/> Sample Collected for Information Only</b> Construction _____ Repairs _____ Private Residence _____ Other _____		
<b>LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY</b>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> <b>Unsatisfactory</b>            Total Coliform Present and  <input type="checkbox"/> E.coli present      <input type="checkbox"/> E.coli absent  <input type="checkbox"/> Fecal coliform present      <input type="checkbox"/> Fecal coliform absent         </div> <div style="width: 35%; text-align: center;"> <input checked="" type="checkbox"/> <b>Satisfactory</b> </div> </div>		
<b><input type="checkbox"/> Replacement Sample Required</b> Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
<div style="border: 2px solid red; padding: 10px; transform: rotate(-2deg); display: inline-block;"> <b>RECEIVED</b>  <u>SEP 18 2006</u>            U.S. EPA REGION 10            OFFICE OF WATER         </div>		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml.      Fecal Coliform _____ /100ml.		
Method Code: <b>MICR- <u>2 7 3 0</u></b>	Date and Time Received: <u>9/15/06 100</u>	
Date Analyzed: <u>9/15/06</u>	Date Reported: <u>9/16/06</u>	
<b>010</b> <u>65754</u> Sample Number (DOH number plus five digits)	Lab Use Only: <u>70491-01</u>	

**Clallam County  
Environmental Health**

223 E. 4th St. Suite 14  
Port Angeles, WA 98362  
(360) 417-2334

**WATER BACTERIOLOGICAL ANALYSIS**

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 9 / 6 / 06	TIME COLLECTED 11:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Cedar
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. 1 H 3 8 2 6 CIRCLE GROUP A B NTNC	

NAME OF SYSTEM

7 Cedars Casino

SPECIFIC LOCATION WHERE SAMPLE COLLECTED

CA-01

TELEPHONE NO.

DAY ( ) 681 4659

EVENING ( ) 582 9049

SAMPLE COLLECTED BY: (Name)

V Carroll

SYSTEM OWNER/MGR: (Name)

Ron Sather

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE

☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION  
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)

VICKIE CARROLL

1033 Old Blyn Hwy

Sequim

WASHINGTON 98382

**TYPE OF SAMPLE**

(check only one in this column)

☐ ROUTINE

DRINKING WATER  
check treatment

☐ Chlorinated (Residual: Total Free)

☐ Filtered

☐ Untreated or Other

☐ REPEAT SAMPLE

Previous coliform presence

Lab #

Date

☒ RAW SOURCE WATER

Source #

S 0 1

☐ NEW CONSTRUCTION or REPAIRS

☐ OTHER (Specify)

☐ Total Coliform

☒ Fecal Coliform

REMARKS:

\* BIL 7 Cedars Casino

**(LAB USE ONLY) DRINKING WATER RESULTS**

☐ UNSATISFACTORY, coliforms present

☐ SATISFACTORY

REPEAT

☐ E. Coli present

☐ E. Coli absent

Coliforms absent

SAMPLES

☐ Fecal present

☐ Fecal absent

REQUIRED

**OTHER LABORATORY RESULTS**

TOTAL COLIFORM /100 ml

E. COLI /100 ml

FECAL COLIFORM 51 /100 ml

PLATE COUNT /ml

**ANOTHER SAMPLE REQUIRED**

SAMPLE NOT TESTED BECAUSE:

TEST UNSUITABLE BECAUSE:

☐ Sample too old

☐ Confluent growth

☐ Wrong container

☐ TNTC

☐ Incomplete form

☐ Turbid culture

☐

☐ Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS)

DATE, TIME RECEIVED

092- 04315

9/6/06 3:10 pm BHP

DATE REPORTED

LABORATORY:

9/7/06

134

WHITE - DP Center Copy

BLUE - Laboratory Copy

GREEN - Water Supplier Copy



Clallam County  
Environmental Health  
223 E. 4th St. Suite 14  
Port Angeles, WA 98362  
(360) 417-2334

**WATER BACTERIOLOGICAL ANALYSIS**  
SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 9/6/06	TIME COLLECTED 11:33 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Clallam
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. 1 H 3 8 2 6	
NAME OF SYSTEM 7 Cedars Casino		CIRCLE GROUP A B NTNC

SPECIFIC LOCATION WHERE SAMPLE COLLECTED CA-05 Casino bar service area	TELEPHONE NO. DAY ( ) 6814659 EVENING ( ) 5829049
SAMPLE COLLECTED BY: (Name) V. Carrillo	SYSTEM OWNER/MGR: (Name) Ron Sather

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE  
☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION  
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)  
VICKIE CARROLL  
1033 Old Blyn Hwy  
SEQUIM WASHINGTON 98382

TYPE OF SAMPLE (check only one in this column)	
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: ___ Total ___ Free) <input checked="" type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # _____ Date _____
<input type="checkbox"/> RAW SOURCE WATER <input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> OTHER (Specify) _____	Source # S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform

REMARKS:

\*BLU 7 Cedars Casino

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> Fecal present	<input checked="" type="checkbox"/> SATISFACTORY Coliforms absent <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent
OTHER LABORATORY RESULTS	
TOTAL COLIFORM _____/100 ml FECAL COLIFORM _____/100 ml	E. COLI _____/100 ml PLATE COUNT _____/ml
ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____	
TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris	

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 092-04316	DATE, TIME RECEIVED 9/6/06 3:10pm	164
DATE REPORTED 9/7/06	LABORATORY: BLU	

WHITE - DP Center Copy    BLUE - Laboratory Copy    GREEN - Water Supplier Copy

**Clallam County  
Environmental Health**

223 E. 4th St. Suite 14  
Port Angeles, WA 98362  
(360) 417-2334

1093 00108

**WATER BACTERIOLOGICAL ANALYSIS**  
SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 8/23/06	TIME COLLECTED 10:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Cedron
---	---	-----------------------

TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. I H 3 8 2 6	CIRCLE GROUP A B NC NT
--	---	------------------------------

NAME OF SYSTEM  
7 Cedars Casino

SPECIFIC LOCATION WHERE SAMPLE COLLECTED CA-01 raw water tap	TELEPHONE NO. DAY ( ) 6814659
--	----------------------------------

EVENING ( ) 5829049
---------------------

SAMPLE COLLECTED BY: (Name) V Carroll	SYSTEM OWNER/MGR: (Name) A New
--	-----------------------------------

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE  
☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION  
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)  
VICKIE CARROLL  
1033 OLD BLYN HWY  
SEQUIM WASHINGTON 98382

TYPE OF SAMPLE (check only one in this column)	
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: Total Free) <input type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # Date
<input checked="" type="checkbox"/> RAW SOURCE WATER <input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> OTHER (Specify)	Source # S O I <input type="checkbox"/> Total Coliform <input checked="" type="checkbox"/> Fecal Coliform

REMARKS:  
\* Bill 7 Cedars Casino Method 9222D

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	<input type="checkbox"/> SATISFACTORY Coliforms absent

OTHER LABORATORY RESULTS	
TOTAL COLIFORM /100 ml	E. COLI /100 ml
FECAL COLIFORM <1 /100 ml	PLATE COUNT /ml

ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/>	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> No confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 092-04141	DATE, TIME RECEIVED 8/23/06 11:40	OK
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DATE REPORTED 8/24/06	LABORATORY: BMS
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Clallam County  
Environmental Health

223 E. 4th St. Suite 14  
Port Angeles, WA 98362  
(360) 417-2334

105300108

**WATER BACTERIOLOGICAL ANALYSIS**

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 8 / 23 / 06	TIME COLLECTED 10 : 22 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Clallam
---	---	------------------------

TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. I H 3 8 2 6 CIRCLE GROUP NCHT
--	---

NAME OF SYSTEM  
7 Cedars Casino

SPECIFIC LOCATION WHERE SAMPLE COLLECTED  
CA-03  
main kitchen service sink

TELEPHONE NO.  
DAY ( ) 6814659  
EVENING ( ) 5829049

SAMPLE COLLECTED BY: (Name)  
V Carroll

SYSTEM OWNER/MGR: (Name)  
A Nesser

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE  
☐ SURFACE ☐ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION  
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)  
VICKIE CARROLL  
1033 OLD BLYN HWY  
SEQUIM WASHINGTON 98382

TYPE OF SAMPLE (check only one in this column)	
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: ___ Total ___ Free) <input checked="" type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # _____ Date _____
<input type="checkbox"/> RAW SOURCE WATER <input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> OTHER (Specify) _____	Source # S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform

REMARKS:  
\* BILL 7 CEDARS CASINO

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	<input checked="" type="checkbox"/> SATISFACTORY Coliforms absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM \_\_\_\_\_ /100 ml E. COLI \_\_\_\_\_ /100 ml  
FECAL COLIFORM \_\_\_\_\_ /100 ml PLATE COUNT \_\_\_\_\_ /ml

ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

AUG 29 2006  
U.S. EPA REGION 10  
OFFICE OF WATER

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 092-04140	DATE, TIME RECEIVED 8/23/06 11:40 GJE
DATE REPORTED 8/24/06	LABORATORY: BWS

WHITE - DP Center Copy BLUE - Laboratory Copy GREEN - Water Supplier Copy

Clallam County  
Environmental Health

223 E. 4th St. Suite 14  
Port Angeles, WA 98362  
(360) 417-2334

1093 0108

**WATER BACTERIOLOGICAL ANALYSIS**  
SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 8 / 9 / 06	TIME COLLECTED 10:26 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Clallam
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. IH 3826	CIRCLE GROUP A B

NAME OF SYSTEM

7 Cedars Casino

SPECIFIC LOCATION WHERE SAMPLE COLLECTED

CA 06

TELEPHONE NO.

DAY ( ) 6814659

EVENING ( ) 5829049

SAMPLE COLLECTED BY: (Name)

V Carroll

SYSTEM OWNER/MGR: (Name)

A Nash

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE

☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION  
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)

VICKIE CARROLL

1033 OLD BLYN HWY

SEQUIM

WASHINGTON 98382

TYPE OF SAMPLE

(check only one in this column)

☒ ROUTINE

DRINKING WATER  
check treatment

☐ Chlorinated (Residual: Total Free)

☒ Filtered

☐ Untreated or Other

☐ REPEAT SAMPLE

Previous coliform presence

Lab #

Date

☐ RAW SOURCE WATER

Source #

S

☐ Total Coliform

☐ NEW CONSTRUCTION or REPAIRS

☐ Fecal Coliform

☐ OTHER (Specify)

REMARKS:

\* BILL 7 Cedars Casino

(LAB USE ONLY) DRINKING WATER RESULTS

☐ UNSATISFACTORY, coliforms present

☒ SATISFACTORY  
Coliforms absent

REPEAT  
SAMPLES  
REQUIRED

☐ E. Coli present

☐ E. Coli absent

☐ Fecal present

☐ Fecal absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM /100 ml

E. COLI /100 ml

FECAL COLIFORM /100 ml

PLATE COUNT /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:

TEST UNSUITABLE BECAUSE:

- ☐ Sample too old
- ☐ Wrong container
- ☐ Incomplete form
- ☐

- ☐ Confluent growth
- ☐ Turbid culture
- ☐ Excess debris

AUG 29 2006

U.S. EPA REGION 10  
OFFICE OF WATER

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS)

DATE, TIME RECEIVED

092- 04042

8/9/06 12:45

KW

DATE REPORTED

8/10/06

LABORATORY:

Bur

WHITE - DP Center Copy

BLUE - Laboratory Copy

GREEN - Water Supplier Copy



**Clallam County  
Environmental Health**

223 E. 4th St. Suite 14  
Port Angeles, WA 98362  
(360) 417-2334

105300108

**WATER BACTERIOLOGICAL ANALYSIS**  
SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 7 / 18 / 06	TIME COLLECTED 10:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Clallam
---	---	------------------------

TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. I H 3 8 2 6	CIRCLE GROUP A B NTAC
--	---	-----------------------------

NAME OF SYSTEM  
7 Cedars Casino

SPECIFIC LOCATION WHERE SAMPLE COLLECTED CA-06 wash basin women's restroom	TELEPHONE NO. DAY ( ) 681 4659 EVENING ( ) 582 9049
--	---

SAMPLE COLLECTED BY: (Name) V Carroll	SYSTEM OWNER/MGR: (Name) A Ness
--	------------------------------------

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE  
☐ SURFACE ☐ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION  
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)  
VICKIE CARROLL  
1033 OLD BLYN HWY  
SEQUIM WASHINGTON 98382

TYPE OF SAMPLE (check only one in this column)	
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment  <input type="checkbox"/> REPEAT SAMPLE Previous coliform presence  <input type="checkbox"/> RAW SOURCE WATER <input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> Chlorinated (Residual: Total Free) <input checked="" type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other  Lab # _____ Date _____  Source # S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform

REMARKS:  
BLUE 7 Cedars Casino

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	<input checked="" type="checkbox"/> SATISFACTORY Coliforms absent

OTHER LABORATORY RESULTS	
TOTAL COLIFORM _____ /100 ml	E. COLI _____ /100 ml
FECAL COLIFORM _____ /100 ml	PLATE COUNT _____ /ml

ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TINTIC 2006 <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 092- 03847	DATE, TIME RECEIVED 7/18/06 11:45 AM
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DATE REPORTED 7/19/06	LABORATORY: BWS
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105300108

**Clallam County  
Environmental Health**  
223 E. 4th St. Suite 14  
Port Angeles, WA 98362  
(360) 417-2334

**WATER BACTERIOLOGICAL ANALYSIS**  
SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 7/18/06	TIME COLLECTED 10:53 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Clallam
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. TH3826 CIRCLE GROUP NTNC	

NAME OF SYSTEM

7 Cedars Casino

SPECIFIC LOCATION WHERE SAMPLE COLLECTED

CA-01  
raw water tap

TELEPHONE NO.

DAY ( ) 6814659

EVENING ( ) 5829049

SAMPLE COLLECTED BY: (Name)

V Carroll

SYSTEM OWNER/MGR: (Name)

A Ness

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE

☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION  
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)

VICKIE CARROLL  
1033 OLD BLYN HWY  
SEQUIM WASHINGTON 98582

TYPE OF SAMPLE (check only one in this column)	
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: Total Free) <input type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # Date
<input checked="" type="checkbox"/> RAW SOURCE WATER	Source # S 01 <input type="checkbox"/> Total Coliform
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input checked="" type="checkbox"/> Fecal Coliform
<input type="checkbox"/> OTHER (Specify)	

REMARKS:

Method 9222D  
\* Bill 7 Cedars Casino

**(LAB USE ONLY) DRINKING WATER RESULTS**

<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> Fecal present	<input type="checkbox"/> SATISFACTORY Coliforms absent <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent
---	---

**OTHER LABORATORY RESULTS**

TOTAL COLIFORM _____/100 ml	E. COLI _____/100 ml
FECAL COLIFORM 51/100 ml	PLATE COUNT _____/ml

**ANOTHER SAMPLE REQUIRED**

SAMPLE NOT TESTED BECAUSE:

TEST UNSUITABLE BECAUSE:

- ☐ Sample too old  
☐ Wrong container  
☐ Incomplete form  
☐

- ☐ Confluent growth  
☐ TNTC  
☐ Turbid culture  
☐ Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 092-03846	DATE, TIME RECEIVED 7/18/06 11:45	KW
DATE REPORTED 7/19/06	LABORATORY: Bms	

WHITE - DP Center Copy

BLUE - Laboratory Copy

GREEN - Water Supplier Copy



Clallam County  
Environmental Health  
223 E. 4th St. Suite 14  
Port Angeles, WA 98362  
(360) 417-2334

105300108

**WATER BACTERIOLOGICAL ANALYSIS**  
SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 7/18/06	TIME COLLECTED 10:35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Clallam
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. IH3826	
		CIRCLE GROUP A B NCNT

NAME OF SYSTEM 7 Cedars Casino	
SPECIFIC LOCATION WHERE SAMPLE COLLECTED CA-03 main kitchen sink	TELEPHONE NO. DAY ( ) 6814659 EVENING ( ) 5829049
SAMPLE COLLECTED BY: (Name) V Carroll	SYSTEM OWNER/MGR: (Name) A Noss

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE  
☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION  
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)  
VICKIE CARROW  
1033 OLD BLYN HWY  
SEQUIM WASHINGTON 98282

TYPE OF SAMPLE (check only one in this column)	
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: ___ Total ___ Free) <input checked="" type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other _____
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # _____ Date _____
<input type="checkbox"/> RAW SOURCE WATER <input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> OTHER (Specify) _____	Source # S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform

REMARKS:  
\* BILL 7 Cedars Casino

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> Fecal present	<input checked="" type="checkbox"/> SATISFACTORY Coliforms absent <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent
OTHER LABORATORY RESULTS	
TOTAL COLIFORM _____/100 ml FECAL COLIFORM _____/100 ml	E. COLI _____/100 ml PLATE COUNT _____/ml
ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TINTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

JUL 26 2006  
U.S. EPA REGION 10  
OFFICE OF WATER

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 092-03848	DATE, TIME RECEIVED 7/18/06	[Signature]
DATE REPORTED 7/19/06	LABORATORY: BWS	

WHITE - DP Center Copy BLUE - Laboratory Copy GREEN - Water Supplier Copy

## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>5/19/06</u> Month Day Year	Time Sample Collected <u>9:15</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Clallam</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>1 H 3 8 2 6</u>		
System Name: <u>7 Cedars Casino</u>		
Contact Person: <u>Vickie Carroll</u>		
Day Phone: (360) <u>681 4659</u>		Cell Phone: (    ) _____
Eve. Phone: (    ) <u>582 9049</u>		FAX: (    ) <u>681 3405</u>
Send results to: (Print full name, address and zip code) <u>VICKIE CARROLL</u> <u>1033 OLD BLYN HWY</u> <u>SEQUIM WA 98382</u>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <u>Vickie Carroll</u>		
Specific location where sample collected (address or sample site, and type of faucet): <u>CA 02 fountains water</u>		
Special instructions or comments: <u>* BILL JAMESTOWN TRIBE</u>		
<b>Type of Sample (must check only one box of #1 through #4 listed below)</b>		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Provide information below. Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	<b>2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample)</b> Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
<b>3. <input type="checkbox"/> Raw Water Source Sample</b> Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;">S</div>		
Public Systems must provide Source Number from (WFI)		
<b>4. <input type="checkbox"/> Sample Collected for Information Only</b> Construction _____ Repairs _____ Private Residence _____ Other _____		
<b>LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY</b>		
<input type="checkbox"/> <b>Unsatisfactory</b> Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR- <u>2 7 3 0</u>		Date and Time Received: <u>5/19/06 200</u>
Date Analyzed: <u>5/19/06</u>		Date Reported: <u>5/20/06</u>
010 <u>53385</u> Sample Number (DOH number plus five digits)		Lab Use Only: <u>66727-02</u>





# Twiss

ANALYTICAL, INC.  
26276 Twelve Tree Lane, Suite C  
Poulsbo, WA 98370  
(360) 779-5141

## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <del>5/11/06</del> 5/19/06 Month Day Year	Time Sample Collected 9:05 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Clallam			
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other _____					
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# 1 H 3 8 2 6 System Name: 7 Cedars Casino					
Contact Person: Vickie Carroll					
Day Phone: (360) 681 4654	Cell Phone: ( )				
Eve. Phone: ( ) 1582 9049	FAX: ( ) 1681 3405				
Send results to: (Print full name, address and zip code) VICKIE CARROLL 1033 OLD BLYN HWY SEQUIM WA 98382					
<b>SAMPLE INFORMATION</b>					
Sample collected by (name): Vickie Carroll					
Specific location where sample collected (address or sample site, and type of faucet): CA-03 main kitchen service sink					
Special instructions or comments: * BILL JAMESTOWN TRIBE					
Type of Sample (must check only one box of #1 through #4 listed below)					
<input checked="" type="checkbox"/> <b>1. Routine Distribution Sample</b> Provide information below. Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	<input type="checkbox"/> <b>2. Repeat Sample (follow-up to an unsatisfactory sample)</b> Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
<input type="checkbox"/> <b>3. Raw Water Source Sample</b> Required for Surface Water, GWI, and some Spring Sources <table border="1" style="width: 100%;"><tr><td style="width: 33%; text-align: center;">S</td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table> <small>Public Systems must provide Source Number from (WFI)</small>	S				
S					
<input type="checkbox"/> <b>4. Sample Collected for Information Only</b> Construction _____ Repairs _____ Private Residence _____ Other _____					
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>					
<input type="checkbox"/> <b>Unsatisfactory</b> Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>			
<input type="checkbox"/> <b>Replacement Sample Required</b> Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____					
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____					
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.					
Method Code: MICR- 2 7 3 0	Date and Time Received: 5/19/06 200				
Date Analyzed: 5/19/06	Date Reported: 5/20/06				
010 53384 Sample Number (DOH number plus five digits)	Lab Use Only: 66727-01				

0108

## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>4/13/06</u> Month Day Year	Time Sample Collected <u>9:42</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Clallam</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>1 11 3 8 2 6</u> System Name: <u>7 Cedars Casino</u> Contact Person: <u>Vickie Carroll</u> Day Phone: ( <u>360</u> ) <u>6814659</u> Cell Phone: ( ) <u>        </u> Eve. Phone: ( ) <u>5829049</u> FAX: ( ) <u>6813405</u> Send results to: (Print full name, address and zip code) <u>VICKIE CARROLL</u> <u>1033 2ND BLVD HWY</u> <u>SEQUIM WA 98382</u>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <u>VICKIE CARROLL</u>		
Specific location where sample collected (address or sample site, and type of faucet): <u>CA-02 FRESH tap water</u>		
Special instructions or comments: <u>* Bill 7 Cedars, Casino Heater</u>		
<b>Type of Sample (must check only one box of #1 through #4 listed below)</b>		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Provide information below. Chlorinated: Yes _____ No <u>Y</u> Chlorine Residual: Total _____ Free _____	<b>2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample)</b> Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
<b>3. <input type="checkbox"/> Raw Water Source Sample</b> Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;">S</div> Public Systems must provide Source Number from (WFI)	<b>4. <input type="checkbox"/> Sample Collected for Information Only</b> Construction _____ Repairs _____ Private Residence _____ Other _____	
<b>LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY</b>		
<input type="checkbox"/> <b>Unsatisfactory</b> Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		<input type="checkbox"/> <b>Test Unsuitable because:</b> <input type="checkbox"/> TINTC <b>APR 19 2006</b> <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR- <u>2 7 3 0</u>		Date and Time Received: <u>4/13/06 11:50</u>
Date Analyzed: <u>4/13/06</u>		Date Reported: <u>4/19/06</u>
<b>010</b> <u>50327</u> Sample Number (DOH number plus five digits)		Lab Use Only: <u>65629-102</u>





26276 Twelve Tree Lane, Suite C  
Poulsbo, WA 98370  
(360) 779-5141

## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>4/13/06</u> Month Day Year	Time Sample Collected <u>9:03</u> <input type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Clallam</u>			
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other _____					
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>1 H 3 8 2 6</u> System Name: <u>7 Cedar Casino</u> Contact Person: <u>VICKIE CARROLL</u> Day Phone: ( <u>360</u> ) <u>681-4659</u> Cell Phone: (     ) Eve. Phone: (     ) <u>582-9049</u> FAX: (     ) <u>681-3425</u>					
Send results to: (Print full name, address and zip code) <u>VICKIE CARROLL</u> <u>1033 OLD BLYN HWY</u> <u>SEQUIM WA 98382</u>					
<b>SAMPLE INFORMATION</b>					
Sample collected by (name): <u>VICKIE CARROLL</u>					
Specific location where sample collected (address or sample site, and type of faucet): <u>CA-03 main kitchen service sink</u>					
Special instructions or comments: <u>*BILL 7 Cedar Casino</u>					
Type of Sample (must check only one box of #1 through #4 listed below)					
<input type="checkbox"/> <b>1. Routine Distribution Sample</b> Provide information below. Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	<input type="checkbox"/> <b>2. Repeat Sample (follow-up to an unsatisfactory sample)</b> Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
<input type="checkbox"/> <b>3. Raw Water Source Sample</b> Required for Surface Water, GWI, and some Spring Sources <table border="1" style="width: 100%;"><tr><td style="text-align: center;">S</td><td></td><td></td></tr></table> <small>Public Systems must provide Source Number from (WFI)</small>	S				
S					
<input type="checkbox"/> <b>4. Sample Collected for Information Only</b> Construction _____ Repairs _____ Private Residence _____ Other _____					
<b>LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY</b>					
<input type="checkbox"/> <b>Unsatisfactory</b> Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>			
<input type="checkbox"/> <b>Replacement Sample Required</b> Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		<div style="border: 2px solid red; padding: 5px; text-align: center;"><b>APR 19 2006</b> <b>U.S. EPA REGION 10</b> <b>OFFICE OF WATER</b></div>			
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.					
Method Code: <b>MICR- 2 7 3 0</b>		Date and Time Received: <u>4/13/06 11:30</u>			
Date Analyzed: <u>4/13/06</u>		Date Reported: <u>4/14/06</u>			
<b>010</b> <u>50321</u> Sample Number (DOH number plus five digits)		Lab Use Only: <u>65629-01</u>			

# Twiss

ANALYTICAL, INC.

26276 Twelve Trees Lane, Suite C  
Poulsbo, Washington 98370  
(360) 779-5141

## WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 1 / 20 / 06		TIME COLLECTED 10 : 55 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		COUNTY NAME Clallam
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)		IF PUBLIC SYSTEM, COMPLETE I.D. No. 1 H 3 8 2 6 CIRCLE GROUP A B		
NAME OF SYSTEM Jamestown Sikeallen Inlet 7 Cedars Casino				
SPECIFIC LOCATION WHERE SAMPLE COLLECTED CA-03 Kitchen			TELEPHONE NO. DAY (360) 681 6734 EVENING ( ) 582 9049	
SAMPLE COLLECTED BY: (Name) V Carroll			SYSTEM OWNER/MGR.: (Name) Ron Sather	
SOURCE TYPE <input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or <input type="checkbox"/> COMBINATION WELL FIELD INTERTIE or OTHER				
SEND REPORT TO: (Print Full Name, Address and Zip Code) 7 Cedars Casino Attn Ron Sather 270756 Hwy 101 Sequim WASHINGTON 98382				
TYPE OF SAMPLE (check only one in this column) <input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment <input type="checkbox"/> Chlorinated (Residual: _____ Total _____ Free) <input checked="" type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other _____ <input type="checkbox"/> REPEAT SAMPLE Previous coliform presence Lab # _____ Date ____ / ____ / ____ <input type="checkbox"/> RAW SOURCE WATER Source # S <input type="checkbox"/> Total Coliform <input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> Fecal Coliform <input type="checkbox"/> OTHER (Specify) _____				

REMARKS:  
\* Bill 7 Cedars Casino

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, Coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> Fecal present	<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent
OTHER LABORATORY RESULTS	
TOTAL COLIFORM _____ /100 ml FECAL COLIFORM _____ /100 ml	E. COLI _____ /100 ml PLATE COUNT _____ / ml
ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Samples too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 010 43696	DATE, TIME RECEIVED 1/20/06 230	RECEIVED BY AB
DATE REPORTED 1/20/06	LABORATORY: 63389-01	

REMARKS

DP CENTER COPY



108  
Clallam County Env Health Lab  
223 East Fourth St, Suite 14  
Port Angeles, WA 98362

(360) 417-2334

## WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 9/21/05		TIME COLLECTED 11:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Clallam
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE I.D. No. 1 H 3 8 2 6		CIRCLE GROUP A B

NAME OF SYSTEM

7 Cedars Casino

SPECIFIC LOCATION WHERE SAMPLE COLLECTED

Kitchen

TELEPHONE NO.

DAY ( ) 681 6734

EVENING ( ) 582 9049

SAMPLE COLLECTED BY: (Name)

V Carroll

SYSTEM OWNER/MGR.: (Name)

R SATHER

SOURCE TYPE

☐ GROUND WATER UNDER SURFACE INFLUENCE

☐ SURFACE

☒ WELL or

☐ SPRING

☐ PURCHASED or

☐ COMBINATION

WELL FIELD

INTERTIE

or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)

7 Cedars Casino

ANN RON SATHER

210756 Hwy 101

SEQUIM

WASHINGTON

98382

TYPE OF SAMPLE (check only one in this column)

☒ ROUTINE  
DRINKING WATER  
check treatment

☐ Chlorinated (Residual: \_\_\_\_\_ Total \_\_\_\_\_ Free)

☐ Filtered

☐ Untreated or Other \_\_\_\_\_

☐ REPEAT SAMPLE

Previous coliform presence

Lab # \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ RAW SOURCE WATER

Source #

S

☐ NEW CONSTRUCTION or REPAIRS

☐ OTHER (Specify) \_\_\_\_\_

☐ Total Coliform

☐ Fecal Coliform

REMARKS:

\* BILL 7 Cedars Casino

### (LAB USE ONLY) DRINKING WATER RESULTS

☐ UNSATISFACTORY, Coliforms present

☒ SATISFACTORY,  
Coliforms absent

REPEAT  
SAMPLES  
REQUIRED

☐ E. Coli present

☐ E. Coli absent

☐ Fecal present

☐ Fecal absent

### OTHER LABORATORY RESULTS

TOTAL COLIFORM \_\_\_\_\_ /100 ml

E. COLI \_\_\_\_\_ /100 ml

FECAL COLIFORM \_\_\_\_\_ /100 ml

PLATE COUNT \_\_\_\_\_ /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:

- ☐ Samples too old  
☐ Wrong container  
☐ Incomplete form  
☐ \_\_\_\_\_

TEST UNSUITABLE BECAUSE:

- ☐ Confluent growth  
☐ TNTC  
☐ Turbid culture  
☐ Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS)

010 01396

DATE, TIME RECEIVED

9/21/05 11:35

RECEIVED BY

KOO

DATE REPORTED

LABORATORY:

9/22/05 BARS

DP CENTER COPY

# Twiss

## ANALYTICAL, INC.

26276 Twelve Trees Lane, Suite C  
 Poulsbo, Washington 98370  
 (360) 779-5141

### WATER BACTERIOLOGICAL ANALYSIS

**SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY**  
**If instructions are not followed, sample will be rejected.**

DATE COLLECTED MONTH DAY YEAR 6 / 10 / 05			TIME COLLECTED 11 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		COUNTY NAME Clallam
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)		IF PUBLIC SYSTEM, COMPLETE I.D. No. 1 H 3 8 2 6 CIRCLE GROUP A B			
NAME OF SYSTEM Jamstown Skeena River Seven Cedars Casino					
SPECIFIC LOCATION WHERE SAMPLE COLLECTED CA-5 Kitchen			TELEPHONE NO. DAY (360) 681 6734 EVENING ( ) 5829049		
SAMPLE COLLECTED BY: (Name) V Caroli			SYSTEM OWNER/MGR.: (Name) R Sather		
SOURCE TYPE <input type="checkbox"/> GROUND WATER UNDER SURFACE INFLUENCE <input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or <input type="checkbox"/> COMBINATION WELL FIELD INTERTIE or OTHER					
SEND REPORT TO: (Print Full Name, Address and Zip Code)					

SEVEN CEDARS CASINO

270756 Hwy 101

ATTN: RONSATHER Sequim WASHINGTON 98384

TYPE OF SAMPLE (check only one in this column)		Chlorinated (Residual: _____ Total _____ Free)	
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment →	<input checked="" type="checkbox"/> Filtered	<input type="checkbox"/> Untreated or Other _____	
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence		Lab # _____ Date _____ / _____ / _____	
<input type="checkbox"/> RAW SOURCE WATER	Source # S	<input type="checkbox"/> Total Coliform	
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS		<input type="checkbox"/> Fecal Coliform	
<input type="checkbox"/> OTHER (Specify) _____			

REMARKS:

**SEVEN CEDARS CASINO**

#### (LAB USE ONLY) DRINKING WATER RESULTS

<input type="checkbox"/> UNSATISFACTORY, Coliforms present			<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent		
REPEAT SAMPLES REQUIRED	<input type="checkbox"/> E. Coli present	<input type="checkbox"/> E. Coli absent			
	<input type="checkbox"/> Fecal present	<input type="checkbox"/> Fecal absent			

#### OTHER LABORATORY RESULTS

TOTAL COLIFORM \_\_\_\_\_ /100 ml E. COLI \_\_\_\_\_ /100 ml  
 FECAL COLIFORM \_\_\_\_\_ /100 ml PLATE COUNT \_\_\_\_\_ / ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:

- ☐ Samples too old  
☐ Wrong container  
☐ Incomplete form  
☐ \_\_\_\_\_

TEST UNSUITABLE BECAUSE:

- ☐ Confluent growth  
☐ TNTC  
☐ Turbid culture  
☐ Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 010 29990	DATE, TIME RECEIVED 6/10/05 130	RECEIVED BY AB
DATE REPORTED 6/13/05	LABORATORY: 58282-01	

REMARKS



# Twiss

ANALYTICAL, INC.

26276 Twelve Trees Lane, Suite C  
Poulsbo, Washington 98370  
(360) 779-5141

## WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 2 / 23 / 05	TIME COLLECTED 9 : 18 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Clallam
---	--	------------------------

TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE I.D. No. 1 H 3 8 2 6	CIRCLE GROUP A B
--	--	---------------------

NAME OF SYSTEM (Jamesbur Drive)

Sever Cedars Casino

SPECIFIC LOCATION WHERE SAMPLE COLLECTED Kitchen	TELEPHONE NO. DAY ( ) 681 6734
---	-----------------------------------

SAMPLE COLLECTED BY: (Name) V Carroll	EVENING ( ) 582 9049
--	----------------------

SYSTEM OWNER/MGR.: (Name) R Sather
---------------------------------------

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE  
☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION  
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)

Sever Cedars Casino  
270756 Hwy 101  
RON SATHER Sequim WASHINGTON 98382

TYPE OF SAMPLE (check only one in this column)	
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment <input checked="" type="checkbox"/> Filtered	<input type="checkbox"/> Chlorinated (Residual: _____ Total _____ Free)
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence Lab # _____ Date _____ / _____ / _____	<input type="checkbox"/> Untreated or Other _____
<input type="checkbox"/> RAW SOURCE WATER Source # S	<input type="checkbox"/> Total Coliform
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Fecal Coliform
<input type="checkbox"/> OTHER (Specify) _____	

REMARKS BILL 7 Cedars Casino

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, Coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent

OTHER LABORATORY RESULTS	
TOTAL COLIFORM _____ /100 ml FECAL COLIFORM _____ /100 ml	E. COLI _____ /100 ml PLATE COUNT _____ / ml
ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Samples too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS		
LAB NO. (7 DIGITS) 010 23926	DATE, TIME RECEIVED 3/23/05 200	RECEIVED BY AB

DATE REPORTED 2/24/5	LABORATORY: 55712-01
-------------------------	-------------------------

REMARKS

**Clallam County  
Environmental Health**

223 E. 4th St. Suite 14  
Port Angeles, WA 98362  
(360) 417-2334

**WATER BACTERIOLOGICAL ANALYSIS**

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 7/14/04		TIME COLLECTED 10:38 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Clallam
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. 143826		CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B

NAME OF SYSTEM

Sever Cedars Casino

SPECIFIC LOCATION WHERE SAMPLE COLLECTED

Kitchen

TELEPHONE NO.

DAY ( ) 6816734

EVENING ( ) 5829049

SAMPLE COLLECTED BY: (Name)

V Carroll

SYSTEM OWNER/MGR: (Name)

R SATHER

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE

☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION  
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)

SEVEN CEDARS CASINO

270756 Hwy 101

c/o Ron Sather

Sequim WASHINGTON 98382

**TYPE OF SAMPLE**

(check only one in this column)

☒ ROUTINE

DRINKING WATER  
check treatment

☐ Chlorinated (Residual: \_\_\_ Total \_\_\_ Free)

☒ Filtered

☐ Untreated or Other

☐ REPEAT SAMPLE

Previous coliform presence

Lab #

Date

☐ RAW SOURCE WATER

Source #

S

☐ NEW CONSTRUCTION or REPAIRS

☐ OTHER (Specify)

☐ Total Coliform

☐ Fecal Coliform

**REMARKS:**

\* BILL 7 CEDARS CASINO

**(LAB USE ONLY) DRINKING WATER RESULTS**

☐ UNSATISFACTORY, coliforms present

REPEAT  
SAMPLES  
REQUIRED

☐ E. Coli present

☐ E. Coli absent

☐ Fecal present

☐ Fecal absent

☒ SATISFACTORY  
Coliforms absent

**OTHER LABORATORY RESULTS**

TOTAL COLIFORM \_\_\_ /100 ml

E. COLI \_\_\_ /100 ml

FECAL COLIFORM \_\_\_ /100 ml

PLATE COUNT \_\_\_ /ml

**ANOTHER SAMPLE REQUIRED**

SAMPLE NOT TESTED BECAUSE:

- ☐ Sample too old  
☐ Wrong container  
☐ Incomplete form  
☐ \_\_\_\_\_

TEST UNSUITABLE BECAUSE:

- ☐ Confluent growth  
☐ TNTC  
☐ Turbid culture  
☐ Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 092-01265	DATE, TIME RECEIVED 7/14/04 12:00 KW
DATE REPORTED 7/15/04 AM	LABORATORY:

WHITE - DP Center Copy

BLUE - Laboratory Copy

GREEN - Water Supplier Copy



# Twiss

ANALYTICAL, INC.

26280 Twelve Trees Lane, Suite C  
Poulsbo, Washington 98370  
(360) 779-5141

## WATER BACTERIOLOGICAL ANALYSIS

**SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY**  
If instructions are not followed, sample will be rejected.

DATE COLLECTED			TIME COLLECTED	COUNTY NAME
MONTH	DAY	YEAR		
1	15	04	9:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Chelan

TYPE OF SYSTEM	IF PUBLIC SYSTEM, COMPLETE	CIRCLE GROUP
<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	I.D. No. 1 A 3 8 2 6	<input checked="" type="radio"/> A <input type="radio"/> B

NAME OF SYSTEM	TELEPHONE NO.
Sever Cedars Casino	
SPECIFIC LOCATION WHERE SAMPLE COLLECTED	DAY ( ) 1681-6734

SAMPLE COLLECTED BY: (Name)	SYSTEM OWNER/MGR.: (Name)
V Carroll	R Sather

SOURCE TYPE	<input type="checkbox"/> GROUND WATER UNDER SURFACE INFLUENCE
<input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or <input type="checkbox"/> COMBINATION	
WELL FIELD	INTERTIE or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)
SEVEN CEDARS CASINO
270756 Hwy 101
PO BOX SATHER SEQUIM WASHINGTON 98382

TYPE OF SAMPLE (check only one in this column)
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment
<input type="checkbox"/> Chlorinated (Residual: _____ Total _____ Free)
<input checked="" type="checkbox"/> Filtered
<input type="checkbox"/> Untreated or Other _____
<input type="checkbox"/> REPEAT SAMPLE
Previous coliform presence
Lab # _____
Date _____ / _____ / _____
<input type="checkbox"/> RAW SOURCE WATER
Source # S
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS
<input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> Total Coliform
<input type="checkbox"/> Fecal Coliform

REMARKS: BILL 7 CEDARS CASINO
-------------------------------

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, Coliforms present	<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent
REPEAT SAMPLES REQUIRED	<input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent
	<input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent
OTHER LABORATORY RESULTS	
TOTAL COLIFORM _____ /100 ml	E. COLI _____ /100 ml
FECAL COLIFORM _____ /100 ml	PLATE COUNT _____ / ml
ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE:	TEST UNSUITABLE BECAUSE:
<input type="checkbox"/> Samples too old	<input type="checkbox"/> Confluent growth
<input type="checkbox"/> Wrong container	<input type="checkbox"/> TNTC
<input type="checkbox"/> Incomplete form	<input type="checkbox"/> Turbid culture
<input type="checkbox"/> _____	<input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS
---

LAB NO. (7 DIGITS) 00080	DATE, TIME RECEIVED 1/15/04 11:05	RECEIVED BY KW
010 092-000		
DATE REPORTED 1/16/04	LABORATORY: 2004-4	

REMARKS

DP CENTER COPY
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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

# WATER BACTERIOLOGICAL ANALYSIS

**SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY**  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 7/18/03			TIME COLLECTED 11:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		COUNTY NAME Columbia
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)		IF PUBLIC SYSTEM, COMPLETE: I.D. No. 143826			CIRCLE GROUP A B
NAME OF SYSTEM Seven Cedars					

SPECIFIC LOCATION WHERE SAMPLE COLLECTED Kitchen		TELEPHONE NO. DAY ( ) 681-6734 EVENING ( ) 582-9049
SAMPLE COLLECTED BY: (Name) U Carrell		SYSTEM OWNER/MGR.: (Name) A R Sather

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE  
☐ SURFACE ☒ WELL or WELL FIELD ☐ SPRING ☐ PURCHASED or INTERTIE ☐ COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)  
 Seven Cedars Casino  
 270756 Hwy 101  
 do Ron Sather Seattle WASHINGTON 98382

TYPE OF SAMPLE (check only one in this column)		Chlorinated (Residual: _____ Total _____ Free)	
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input checked="" type="checkbox"/> Filtered	<input checked="" type="checkbox"/> Untreated or Other _____	
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # _____		
	Date ____ / ____ / ____		
<input type="checkbox"/> RAW SOURCE WATER	Source # S	<input type="checkbox"/> Total Coliform	
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS		<input type="checkbox"/> Fecal Coliform	
<input type="checkbox"/> OTHER (Specify) _____			

REMARKS: BILL 7 Cedars Casino

(LAB USE ONLY) DRINKING WATER RESULTS			
<input type="checkbox"/> UNSATISFACTORY, Coliforms present		<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent	
REPEAT SAMPLES REQUIRED	<input type="checkbox"/> E. Coli present <input type="checkbox"/> Fecal present	<input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent	
OTHER LABORATORY RESULTS			
TOTAL COLIFORM _____ /100 ml		E. COLI _____ /100 ml	
FECAL COLIFORM _____ /100 ml		PLATE COUNT _____ /ml	
ANOTHER SAMPLE REQUIRED			
SAMPLE NOT TESTED BECAUSE:		TEST UNSUITABLE BECAUSE:	
<input type="checkbox"/> Sample too old	<input type="checkbox"/> Confluent growth		
<input type="checkbox"/> Wrong container	<input type="checkbox"/> TNTC		
<input type="checkbox"/> Incomplete form	<input type="checkbox"/> Turbid culture		
<input type="checkbox"/> _____	<input type="checkbox"/> Excess debris		

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 010 92311	DATE, TIME RECEIVED 7/18/03 145	RECEIVED BY AG
DATE REPORTED 7/21/03	LABORATORY: 43206-01	



**SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY**  
If instructions are not followed, sample will be rejected.

REMARKS  
DOH 105-002 (REV. 4/76)  
WATER SUPPLIER COPY

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

# WATER BACTERIOLOGICAL ANALYSIS

**SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY**  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 2/25/02			TIME COLLECTED 9:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		COUNTY NAME Clallam
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)		IF PUBLIC SYSTEM, COMPLETE: I.D. No. 143826			CIRCLE GROUP (A) B

NAME OF SYSTEM

Jamestown Sklallan Tribe

SPECIFIC LOCATION WHERE SAMPLE COLLECTED

7 Cedaros Casino  
Kitchen

TELEPHONE NO.

DAY ( ) 681-6734

EVENING ( )

SAMPLE COLLECTED BY: (Name)

V Carroll

SYSTEM OWNER/MGR.: (Name)

R Sather

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE

☐ SURFACE ☒ WELL or WELL FIELD ☐ SPRING ☐ PURCHASED or INTERTIE ☐ COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)

Seven Cedaros Casino

270756 Hwy 101

RON SATHER

Sequim 98382  
WASHINGTON

TYPE OF SAMPLE (check only one in this column)

☒ ROUTINE  
DRINKING WATER  
check treatment

☐ Chlorinated (Residual: \_\_\_\_ Total \_\_\_\_ Free)

☐ Filtered

☐ Untreated or Other

☐ REPEAT SAMPLE  
Previous coliform presence

Lab #

Date

☐ RAW SOURCE WATER

Source #

S

☐ Total Coliform

☐ Fecal Coliform

☐ NEW CONSTRUCTION or REPAIRS

☐ OTHER (Specify)

REMARKS:

## (LAB USE ONLY) DRINKING WATER RESULTS

☐ UNSATISFACTORY, Coliforms present

☒ SATISFACTORY,  
Coliforms absent

REPEAT  
SAMPLES  
REQUIRED

☐ E. Coli present

☐ E. Coli absent

☐ Fecal present

☐ Fecal absent

## OTHER LABORATORY RESULTS

TOTAL COLIFORM \_\_\_\_ /100 ml

E. COLI \_\_\_\_ /100ml

FECAL COLIFORM \_\_\_\_ /100 ml

PLATE COUNT \_\_\_\_ /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:

- ☐ Sample too old  
☐ Wrong container  
☐ Incomplete form  
☐ \_\_\_\_\_

TEST UNSUITABLE BECAUSE:

- ☐ Confluent growth  
☐ TNTC  
☐ Turbid culture  
☐ Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 092-01531	DATE, TIME RECEIVED 7/25/02 10:00	RECEIVED BY CR
DATE REPORTED 7/26/02	LABORATORY: gmm	

REMARKS  
DOH 305-002 (REV. 4/92)

DR CENTER COPY



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

# WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR <b>1 / 15 / 03</b>			TIME COLLECTED <b>10 : 25</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		COUNTY NAME <b>Clallam</b>
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)		IF PUBLIC SYSTEM, COMPLETE: I.D. No. <b>1 H 3 8 2 6</b>			
NAME OF SYSTEM <b>Jamestown Seven S' Clallam Trib</b>					
SPECIFIC LOCATION WHERE SAMPLE COLLECTED <b>7 Cedar Casino Kitchen</b>			TELEPHONE NO. DAY ( ) <b>681 6734</b> EVENING ( )		
SAMPLE COLLECTED BY: (Name) <b>V Carroll</b>			SYSTEM OWNER/MGR.: (Name) <b>R Sather</b>		
SOURCE TYPE <input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or WELL FIELD <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or INTERTIE <input type="checkbox"/> COMBINATION or OTHER					
SEND REPORT TO: (Print Full Name, Address and Zip Code) <b>Seven Cedars Casino 93 Ron Sather 270756 Hwy 101 Sequim</b>					
WASHINGTON <b>98382</b>					
TYPE OF SAMPLE (check only one in this column)					
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment		<input type="checkbox"/> Chlorinated (Residual: ____ Total ____ Free) <input checked="" type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other _____			
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence		Lab # _____ Date ____ / ____ / ____			
<input type="checkbox"/> RAW SOURCE WATER		Source # <b>S</b> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform	
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS					
<input type="checkbox"/> OTHER (Specify) _____					
REMARKS:					

(LAB USE ONLY) DRINKING WATER RESULTS			
<input type="checkbox"/> UNSATISFACTORY, Coliforms present		<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent	
REPEAT SAMPLES REQUIRED	<input type="checkbox"/> E. Coli present <input type="checkbox"/> Fecal present	<input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent	
OTHER LABORATORY RESULTS			
TOTAL COLIFORM ____ /100 ml		E. COLI ____ /100ml	
FECAL COLIFORM ____ /100 ml		PLATE COUNT ____ /ml	
ANOTHER SAMPLE REQUIRED			
SAMPLE NOT TESTED BECAUSE:		TEST UNSUITABLE BECAUSE:	
<input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____		<input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input checked="" type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris	
<div style="border: 2px solid red; padding: 5px; display: inline-block;">                 RECEIVED                  JAN 24 2003             </div>			

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) <b>092-00094</b>	DATE, TIME RECEIVED <b>1/15/03 11:40</b>	RECEIVED BY <b>KW</b>
DATE REPORTED <b>01/16/03</b>	LABORATORY:	

REMARKS  
DOH 305-002 (REV. 4/92)

DP CENTER COPY

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

# WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR <b>10/10/02</b>			TIME COLLECTED <b>10:05</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		COUNTY NAME <b>Challan</b>
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)		IF PUBLIC SYSTEM, COMPLETE: I.D. No. <b>1413826</b>			CIRCLE GROUP A B
NAME OF SYSTEM <b>Jamestown S'Klallan Tribe</b>					
SPECIFIC LOCATION WHERE SAMPLE COLLECTED <b>7 Cedar Casino</b>				TELEPHONE NO. DAY ( ) <b>681 6734</b> EVENING ( )	
SAMPLE COLLECTED BY: (Name) <b>V Carroll</b>				SYSTEM OWNER/MGR.: (Name) <b>R SATHER</b>	
SOURCE TYPE <input type="checkbox"/> GROUND WATER UNDER SURFACE INFLUENCE <input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or WELL FIELD <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or INTERTIE <input type="checkbox"/> COMBINATION or OTHER					
SEND REPORT TO: (Print Full Name, Address and Zip Code) <b>Seven Cedar Casino</b> <b>270156 Hwy 101</b> <b>c/o Ron Sather</b> <b>Sequim 98382</b> WASHINGTON					

TYPE OF SAMPLE (check only one in this column)

☒ ROUTINE DRINKING WATER check treatment → ☐ Chlorinated (Residual: \_\_\_\_ Total \_\_\_\_ Free)  
☒ Filtered  
☐ Untreated or Other \_\_\_\_\_

☐ REPEAT SAMPLE Previous coliform presence Lab # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ RAW SOURCE WATER Source # **S** ☐ Total Coliform  
☐ NEW CONSTRUCTION or REPAIRS ☐ Fecal Coliform  
☐ OTHER (Specify) \_\_\_\_\_

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS			
<input type="checkbox"/> UNSATISFACTORY, Coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent			<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent
OTHER LABORATORY RESULTS			
TOTAL COLIFORM ____ /100 ml		E. COLI ____ /100ml	
FECAL COLIFORM ____ /100 ml		PLATE COUNT ____ /ml	
ANOTHER SAMPLE REQUIRED			
SAMPLE NOT TESTED BECAUSE:		TEST UNSUITABLE BECAUSE:	
<input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____		<input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris	

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) <b>092-2081</b>	DATE, TIME RECEIVED <b>10/10/02 11:00</b>	RECEIVED BY <b>[Signature]</b>
DATE REPORTED <b>10/11/02</b>	LABORATORY: <b>[Signature]</b>	
REMARKS DOH 305-002 (REV. 4/92) <b>DR CENTER COPY</b>		

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